

1 have discussions during a meeting, I'm not going
2 to be, you know, involved in those discussions,
3 and so something may come up and involve one of
4 your financial assets or whatever. So it's a
5 tool that we use to try to highlight that. I
6 will be sending out, you know, just reminders,
7 you know, these are the ethics rules, you know,
8 don't forget this, don't forget that. Don't
9 mean to bug you to death. I just want ethics to
10 kind of be, you know, in the forefront of your
11 minds, and there is a lot. I want to make sure
12 that we have everything covered.

13 So not only am I looking at, you
14 know, the -- to see whether or not there's maybe
15 a financial holding that's going to involve
16 something that you're discussing at the meeting,
17 I'm also looking to see whether or not there's
18 any outside organizations that could be impacted
19 by any discussions that you may have here as
20 well.

21 Okay. So the Hatch Act, so this is
22 one of the areas that I mentioned the ethics are

1 less restrictive when it comes to you, and one
2 of those areas is the Hatch Act. The Hatch Act
3 deals with political participation, and so
4 basically, the Hatch Act is designed to prevent,
5 you know, career employees from, you know, kind
6 of taking sides, right, because we serve
7 regardless of who=s in office. So there=s a
8 prohibition from someone like myself
9 participating in partisan politics, so I can=t
10 run for a partisan position. I can run for a
11 school board position provided it=s not partisan
12 in nature, but if it becomes partisan, then I=m
13 going to have to recuse myself. So there=s a
14 whole lot of different rules.

15 So as far as you=re concerned here,
16 the thing that you have to remember is that
17 while you are in your official sessions, you
18 cannot engage in political activity. Okay. So
19 that means no phone calls. You know, if you
20 have your phone and you=re sending messages out
21 to friends or to whomever, if they are political
22 in nature, that=s going to be considered a

1 violation of the Hatch Act. Okay. So you want
2 to be careful not to do that. You can't engage
3 in political activity in a government building.
4 This would be considered government space
5 because this is where you're meeting, and -- or
6 it might be in a government vehicle and stuff
7 like that, so just, you know, you're going to
8 have to do that on your own time separate and
9 apart from what you're doing here. Okay. So
10 any questions about that?

11 (No response.)

12 MS. BORDEN: All right. The other
13 thing that I want to mention, too, that kind of
14 escapes a lot of people is that if you're a
15 contractor or if you own your own company of
16 some sort, the ethics rules basically say that
17 you can't work on a specific party matter that
18 could affect your financial interest or the
19 financial interest of your client. So you want
20 to -- if something like that should crop up and
21 you have a question about it, please reach out
22 to me so that we can explore that. Then I can

1 advise you accordingly.

2 So I tell people, you know, when you
3 talk about specific party matters, because
4 that=s a legal term, you know, think of yourself
5 as, you know, seated at a table, you have
6 somebody on the other side and then there=s you
7 and then there=s something in the middle, right,
8 a contract, a grant, something that=s very
9 specific that you can identify. So if you=re
10 dealing with something like that and it touches
11 upon, you know, your financial interest or
12 somebody else=s, that=s the big thing that you
13 have to really worry about. Okay?

14 So on behalf of the ethics team,
15 welcome. We have a new DAEO. Her name is Ms.
16 Cathy Mitrano and she=s presenting ethics, as I
17 speak, to the SES staff over at Headquarters.
18 So welcome. We are happy that you=re here and
19 thanks for participating in this important
20 event.

21 MR. MORAGNE: Closing comment? Go
22 ahead, sir.

1 DR. KHAN: Yes, sir. I have a very
2 specific question.

3 MS. BORDEN: Sure.

4 DR. KHAN: I chair a Veterans
5 advocacy council at the VA Medical Center in
6 Madison, Wisconsin under the Mental Health
7 Clinic Chief. There=s no financial in it but as
8 a chair of that council, I advocate on behalf of
9 the veterans.

10 MS. BORDEN: Okay.

11 DR. KHAN: Are you thinking that be a
12 conflict?

13 MS. BORDEN: So we would definitely
14 say that you would have a covered relationship
15 with that entity. So what we would do is we
16 would have to -- I=d have to get with the chair
17 and discuss --

18 DR. KHAN: I can actually recuse
19 myself from that chair. I just want to
20 understand.

21 MS. BORDEN: Right. Well, if there=s
22 --

1 DR. KHAN: I am a full chair during
2 this period while I'm commissioner. I can
3 always let the co-chair run the thing. I will
4 not attend those meetings. That was the
5 question I was --

6 MS. BORDEN: Oh, okay. Well, I mean
7 if you can recuse yourself, then there's not a
8 problem.

9 DR. KHAN: Sue.

10 MS. BORDEN: I think for appearances
11 sake, that's important.

12 DR. KHAN: Okay. Yes. Okay. That's
13 exactly what I was trying to --

14 MS. BORDEN: Okay. That's that's
15 great.

16 DR. KHAN: Thank you.

17 MS. BORDEN: Yes. And let me just
18 close and say that appearances really, really
19 matter, especially, you know, with everything
20 that's going on, you know, at VA. So, you know,
21 where you can accept a gift because the gift
22 rules allow it or the ethics rules may be a

1 little bit more flexible and allow you to do
2 something, you know, if a reasonable person out
3 there in the public would question your
4 integrity or the integrity of this Commission,
5 then, you know, we would strongly advise that
6 you not participate because, you know,
7 appearances really matter.

8 All right. Any other questions? I'm
9 going to hang around a little bit just to --

10 MR. ROSE: Yes, one more, similar. I
11 sit as chairman of a mental health and substance
12 abuse advisory board in Kenosha County,
13 Wisconsin.

14 MS. BORDEN: Okay.

15 MR. ROSE: Any problem with that? I
16 mean, there's no payment.

17 MS. BORDEN: Right. So, you know, if
18 you're dealing with broad policy matters,
19 there's not going to be an issue. It's just
20 that if you're going to deal with something --
21 there's no finances involved or anything like
22 that?

1 MR. ROSE: No.

2 MS. BORDEN: So you would just have a
3 covered relationship, so then the chair would
4 just have to make a determination to say
5 basically that your service here on the
6 Committee far outweighs any appearance issues,
7 because if there=s no money involved or any
8 financial nexus, then it really is just
9 appearances, how is it going to look to the
10 public. And as long as we can justify the need
11 for you to be here and how important it is and
12 how it would -- you know, it=s more important
13 than any sort of appearance issue, you=re good
14 to go.

15 MR. ROSE: Thank you very much,
16 appreciate it.

17 MR. MORAGNE: So my last point of
18 order is sort of operational nature, if any
19 Spidey-senses or red flags or yellow flags go
20 off in your head about ethics, FACA rules or VA
21 policy or what I can and can=t, 911 your DFO,
22 okay, seriously. That=s our jobs, 24/7. She

1 can reach back to me. If I can't answer it,
2 I'll reach back to Government Ethics, Government
3 FACA Law Group, GSA Committee Management
4 Secretariat. We'll get an answer for you the
5 same day. That's my promise but you have to do
6 your part when you have that sense that
7 something -- they said something, call her.
8 Okay? Call her, because it may be difficult to
9 find us but it won't be difficult to find her,
10 okay. Fair enough?

11 MS. BORDEN: And Sheila knows how to
12 get a hold of me.

13 MR. MORAGNE: Absolutely and me, too,
14 because I'm not so hard to get a hold of. Okay.

15 CHAIR LEINENKUGEL: Yes. I really
16 appreciate Jeff and Carol explaining that out,
17 because it is so important, and there is an
18 environment right now that makes it even more
19 important, as Carol stated, and it's a truism.
20 So these are the pertinent questions to be
21 asking. I don't see issues in here on those. A
22 good policy that I personally have is I don't

1 accept anything at this point in time for the
2 next 18 months from anybody except for the love
3 of my family. I think that=s a good way to
4 sleep at night. It alleviates a lot of other
5 concerns as well. So I mean it doesn=t mean
6 that you have to be that strict, but it just
7 makes me personally feel better about the
8 situation.

9 And you=re right, Sheila and the team
10 will be able to answer any of these questions.
11 I think that we=re going to have these bounce up
12 the more public we become as well, as Jeff
13 stated --

14 MR. MORAGNE: And as your new
15 commissioners come onboard, we=ll partner to
16 give them this briefing.

17 CHAIR LEINENKUGEL: Yes, appreciate
18 it.

19 MR. MORAGNE: Thank you.

20 CHAIR LEINENKUGEL: Thank you.

21 MR. MORAGNE: See you all around,
22 everybody.

1 (Applause.)

2 CHAIR LEINENKUGEL: Thank you.

3 MS. BORDEN: Thank you.

4 CHAIR LEINENKUGEL: Thank you very
5 much.

6 MS. BORDEN: You're welcome.

7 MS. WHITEHEAD: All right. So next
8 we're going to have Laura Ann and Kris will be
9 giving us an overview on the privacy and travel
10 training as well as a highlight overview of MAX,
11 which you'll learn a little bit more about, and
12 that's going to sort of be our electronic
13 portal. So hopefully, we can reduce some of the
14 binders and papers, all that kind of stuff, so
15 you want have to carry as much around. So Kris
16 and a Laura Ann?

17 MS. McMAHON: I don't know how to
18 follow ethics without being exciting.

19 (Laughter.)

20 MS. McMAHON: Okay. So you guys
21 should have been mailed probably a small binder,
22 which was great, so there are some things in it,

1 privacy, security -- did you get that -- and
2 also travel. So those are the two things so
3 hopefully, we can just go over them. And also,
4 in this binder is a greenish/yellowish folder
5 that has the signature pages for --

6 MS. DICKSON: They=re all different
7 colors.

8 (Off-microphone comments.)

9 MS. McMAHON: So those forms in
10 there, that=s part of the presentation is to
11 have you sign them that you have received the
12 training. So you=ve already done the pre-work,
13 hopefully, and this is just kind of an overview.

14 So let=s start off with the VA
15 Privacy Information Security Awareness and Rules
16 of Behavior. Who sent me their Social Security,
17 their birth date, their next of kin, all for
18 travel? Everybody? Aren=t you glad I took this
19 class? Isn=t this great? Like I=m going to
20 protect all of your information.

21 And the other part of me protecting
22 your information is there=s going to be an

1 opportunity for you to upload all of the
2 documents that you=ve gotten for the current
3 Commission onto a website that Kris is going to
4 talk about later that you=re going to have
5 passwords and things like that, that you need to
6 protect as well. So it=s just really the total
7 56 pages is the good steward of all the
8 information that you obtain, passwords, anything
9 that you learned about the veterans, be sure --
10 and people that you work beside -- that you=re
11 good stewards of all their information.

12 So that=s really all that I have. If
13 you agree to that, that=s this page here to
14 sign. That was quick, wasn=t it?

15 MS. DICKSON: Yes, yes ---

16 MS. McMAHON: They told me I had like
17 30 minutes or something, so I=m just going to
18 have to tell you all some jokes I guess.

19 Okay. And then the next thing is the
20 travel training, the VA travel training. So I
21 have to book all of your travel through our
22 government -- or if you=re a VA employee as well

1 -- all the travel is done through Concur, which
2 is our travel database for federal employees,
3 all the airlines, if you go by taxi, if you
4 drive by car, all that needs to be done through
5 CGE.

6 We have our staff and also the
7 contracting, the folks, the ITT, which is the
8 Information to Traveler Together, hopefully, you
9 all received that on what hotel you=re going to
10 be at, so we=re always trying to look for making
11 sure all the hotels use the government funding.
12 It is taxpayers that are paying it so we=re good
13 stewards of everyone=s money. So with the
14 travel part, I am able to book your hotel but
15 not in a block. So with the ITT, they=ll tell
16 you the block so you don=t need to go into the
17 hotel using the block, the URL, or your
18 telephone to book your hotel using your own
19 personal credit card with you using your
20 funding, whether you have a taxi from the
21 airport, whether you=re driving to -- from your
22 home to the airport, staying at the airport, all

1 those receipts need to come back to me within
2 five business days so I can put an upload,
3 finish your voucher in CGE. That way we pay
4 you. You come back again. It=s great. It=s a
5 great little system but I do need those within
6 five business days of all your receipts.

7 So let=s talk about luxury items, I
8 guess. So chauffeurs, we=re not going to
9 authorize, black limos, not authorized. Taxis,
10 shuttles, any of those things, happy to
11 reimburse you. If you have any questions,
12 please, please, please call me anytime. I am on
13 Pacific Time, not on the East Coast, so 5:00
14 a.m. to you is really --

15 (Laughter.)

16 MS. McMAHON: -- just to throw that
17 out there.

18 CHAIR LEINENKUGEL: Well, it=s
19 important to note that, you know, as mentioned
20 by Jeff, that a couple of things that will get
21 anybody in trouble in government, travel is one.

22 MS. McMAHON: Yes.

1 CHAIR LEINENKUGEL: And so pay
2 attention to -- act like a civilian normal
3 general public person. We take coach. We go
4 the best means possible at least price, I think,
5 is the best way to do it. Concur does a pretty
6 good job with basically airlines and things like
7 that. But what you need to know and you need to
8 tell us, what everybody needs to know is we just
9 don=t do what I call the stupid things.

10 MS. McMAHON: Right.

11 CHAIR LEINENKUGEL: We just act in a
12 general public interest of saving taxpayers
13 money.

14 MS. McMAHON: I don=t look good in
15 orange.

16 CHAIR LEINENKUGEL: I can=t say it
17 any simpler than that.

18 MS. McMAHON: I don=t --

19 CHAIR LEINENKUGEL: And if you --
20 yes, if you have a question --

21 MS. McMAHON: Orange is not a great
22 color for me.

1 (Simultaneous speaking)

2 CHAIR LEINENKUGEL: Then Laura, I
3 think, again, there may be some instances where
4 somebody needs a question answered on travel,
5 and you=re the person to go to and give the
6 right answer.

7 MS. McMAHON: The other part of
8 travel is -- ethics kind of touched on it
9 earlier -- is the gifts, right? And it=s sort
10 of a grey line. So this hotel in particular, if
11 you=re an executive member, you can have free
12 breakfast but the rest of us can=t. So each
13 day, you=re given a per diem for your travel of
14 breakfast, lunch and dinner. So if you are
15 provided a breakfast that not everyone else
16 gets, you should let me know so we can deduct
17 that breakfast. But if you=re at a hotel where
18 everybody gets breakfast, public, everyone, then
19 you don=t have to explain your breakfast.

20 So for -- tonight for example, if you
21 go out to dinner and he wants to pay, that, a,
22 would be a gift, and b, you=re already getting

1 paid for per diem. So kind of throwing that out
2 there, just saying that, you know --

3 CHAIR LEINENKUGEL: Say separate
4 checks and --

5 MS. McMAHON: Separate checks.

6 CHAIR LEINENKUGEL: Well, where we=re
7 going tonight, it=s very possible to eat up two
8 days' worth of per diem just depending on what
9 you order.

10 DR. JONAS: So alcohol is not
11 allowed?

12 MS. McMAHON: You=re given an amount.

13 DR. JONAS: Oh, I see. So --

14 MS. McMAHON: -- of per diem, so
15 however you use it --

16 DR. JONAS: -- it=s within the per
17 diem.

18 MS. McMAHON: -- like you don=t eat
19 breakfast, you could double up on your dinner or
20 lunch. I mean however you want to use that per
21 diem is the same for your travel day.

22 CHAIR LEINENKUGEL: Yes, off the

1 cuff, I think I'll just name it. I think DC is
2 around \$60, \$64 per diem. Am I close to that?

3 MS. McMAHON: It's \$69 for the entire
4 day.

5 CHAIR LEINENKUGEL: For the entire
6 day? So, you know, there's three meals, divide
7 that however you want.

8 MS. McMAHON: But I will say one
9 drink down here in the bar is about \$17.

10 (Laughter.)

11 MS. DICKSON: And I just want to
12 throw a little tidbit out there, so on your
13 receipts, you can just take a picture of those
14 and attach it to an email and send them. You
15 don't have to actually give her the physical
16 receipt. Just a picture of it would be fine.

17 MS. McMAHON: And when you check out,
18 you can also ask the front desk just to email
19 it. I can give you my email address and they
20 will email you a copy and me a copy, but I still
21 need your taxi and all the other stuff. So I
22 want to make sure that I get all of your

1 receipts, because once I submit your voucher and
2 you=re like, oh, no, I forgot to give you that
3 receipt, I can=t go back once it=s approved. So
4 you have to make sure that we get it right the
5 first time. Any travel questions?

6 MS. DICKSON: Well, you know, it=s
7 the one thing that I found out when I started
8 traveling is that when you get your receipt from
9 the hotel, you got to make sure it says it=s
10 paid at the bottom.

11 MS. McMAHON: Yes.

12 MS. DICKSON: Don=t get one that you
13 still owe money on, so it needs to be zeroed out
14 as paid. Sometimes they=ll hand you one and you
15 -- I got home and, Lord, it looks like I hadn=t
16 paid the bill yet, you know, and so -- and then
17 that doesn=t work with Concur. You got to have
18 a paid bill, paid receipt.

19 MS. McMAHON: One thing that gets me,
20 I think, almost every time is the tip for the
21 taxi driver or the Uber driver. We can only
22 reimburse up to 15 percent, so if they=re great,

1 you throw them a \$5 and you=re thing is only
2 \$10, I can only give you the 15 percent.

3 CHAIR LEINENKUGEL: I thought it was
4 20?

5 MS. McMAHON: It is 15 percent. See,
6 you=re generous.

7 CHAIR LEINENKUGEL: I normally give
8 20 and I think I ended up paying it, yes. I
9 think -- can you find out?

10 MS. McMAHON: Yes, 15.

11 CHAIR LEINENKUGEL: Is it 15?

12 MS. McMAHON: Fifteen percent.

13 CHAIR LEINENKUGEL: Well, you would
14 know.

15 MS. McMAHON: Fifteen percent. So in
16 your little packet is a travel agreement that
17 you agree --

18 DR. JONAS: Local travel? I mean a
19 lot of meetings are here and I live in
20 Alexandria so --

21 MS. McMAHON: Unfortunately, you=re
22 out of the 50-mile -- or in the 50-mile travel -

1 -

2 DR. JONAS: Oh, it=s 50 miles, is
3 that the thing? So no reimbursement for
4 anything within 50 miles including an Uber
5 driver?

6 MS. McMAHON: Yes.

7 DR. JONAS: I=m expected to drive my
8 own car and not get paid as much?

9 MS. McMAHON: It=s sort of like
10 coming to work as a federal employee if you
11 lived in --

12 CHAIR LEINENKUGEL: You get screwed a
13 lot.

14 DR. JONAS: What about meals for
15 attending?

16 MS. McMAHON: No per diem.

17 (Simultaneous speaking.)

18 MS. DICKSON: But I understand and
19 all, you know, these are going to be in D.C. so-
20 -

21 DR. JONAS: No, I understand that.

22 (Simultaneous speaking.)

1 MS. McMAHON: And then the third
2 thing I have is -- so all of these events are
3 paid for from the government, and there is what
4 we call a conference package, so if it=s greater
5 than \$20,000, we have to go through and have the
6 Secretary sign for the VA. So with the
7 conference package requires a signature or a
8 sign-in for each day that you=re at a meeting --
9 yeah -- so I=m going to pass this around. One
10 has the Tuesday, and then the other has the
11 Wednesday, so.

12 CHAIR LEINENKUGEL: So I take it that
13 the DFO on-site, if there=s a subcommittee,
14 would be doing the same thing, is that correct?

15 MS. McMAHON: Yes. They would sign
16 this.

17 CHAIR LEINENKUGEL: They would get it
18 in?

19 MS. McMAHON: Yes.

20 CHAIR LEINENKUGEL: Is there any
21 cross-referencing required from the facility
22 that we would be at, cross-reference from, say,

1 a VAMC Director, would they sign off on it, or
2 would it just be the individual commissioners
3 and then the DFO, that we attended, say, a
4 mental health session in Minneapolis?

5 MS. McMAHON: It should be whoever is
6 at the meeting that you get --

7 CHAIR LEINENKUGEL: So the DFO is
8 responsible for taking care of --

9 MS. McMAHON: Yes. We will make sure
10 that you have the form. I think, in the
11 conference package, we list everyone's name who
12 should be at the meeting, so that way we know at
13 the end who to pay and that we're all on the
14 same page and get SES approval, so.

15 Any questions for privacy, security,
16 training, or conference package?

17 DR. BEEMAN: You get the ethics
18 approval or somebody does so we don't have to do
19 that right, before travel? In the Navy, my EA
20 used to take care of that for me and would send
21 the -- before you go on any travel, you have to
22 get it pre-approved. You all do that, right?

1 We don=t have to individually call counsel and
2 have them approve any travel, right?

3 MS. HICKMAN: No. That -- no, your
4 travel is -- your travel will go through Laura -
5 -

6 MS. McMAHON: But all of the travel
7 is approved through that conference --

8 MS. HICKMAN: Right.

9 MS. McMAHON: -- package, through our
10 education system so, yes, all of those --

11 MR. ROSE: Does it --

12 MS. McMAHON: -- are done in the --

13 MR. ROSE: Yes. There=s another one
14 that, I mean, happened here that after you get
15 the email for the travel, then somebody came
16 back -- Todd Houck said this has been approved.

17 MS. McMAHON: Yes. So there are
18 several lines that are critical. So I will
19 enter your travel based upon what we agreed --

20 MR. ROSE: Right.

21 MS. McMAHON: -- the flights or
22 whatever, and so then it goes to a second

1 approval, and then Todd is the final from our
2 office. Todd Houck is our Budget Analyst for
3 the Office of Patient Centered Care and Cultural
4 Transformation, he=s our budget guy. He=s like,
5 okay, we=ve got funding, it=s good to go.

6 MS. DICKSON: And that=s where all
7 the funds for COVER lie. They=re in that office
8 so that=s -- he=s --

9 MS. HICKMAN: And that=s why that
10 conference packet goes through -- we submit that
11 and it=s approved at that level. It covers all
12 of the employee travel, so Laura can=t submit
13 and enter, send it through unless that=s done.
14 So that second one is already ready to be
15 submitted so.

16 MS. McMAHON: Okay. I don=t have any
17 more jokes. That=s all I had.

18 (Laughter.)

19 MS. DICKSON: ISO I=m really excited
20 about our platform, our electronic platform,
21 collaboration and communication platform. And
22 there=s a little tab in your book about it,

1 MAX.gov, there you go. And we=re -- so the plan
2 is next week, I have to sponsor all of you that
3 are not VA. You may be able to go in and get in
4 with your VA address -- I=m looking at Shira --
5 but the rest of you, I=ll sponsor in and you=ll
6 get a sponsorship notice from MAX.gov that
7 you=ve been sponsored.

8 And so Dr. Khan was very -- he didn=t
9 know that he was going to be volunteering to be
10 my guinea pig but he was a guinea pig, and so we
11 did that last week. And so I sponsored him. He
12 got an email. He went through these steps and
13 got in.

14 Now in the meantime, I=m going to be
15 loading all the documents that you=ve seen in
16 the handout that you got already in the mail and
17 all this stuff. If there are any documents that
18 come through, they=ll be loaded there and we=ll
19 be able to see them and talk about them and
20 collaborate on revising them. You know, as
21 stuff comes in from the research side of the
22 house, that=s where stuff will be posted and you

1 can look at that and interact.

2 And I'm envisioning, as we break up
3 into workgroups or subcommittee groups, that
4 each subcommittee group will have a little space
5 on that platform to work within so that you're
6 not seeing everybody's stuff and getting
7 overwhelmed with all the stuff that's in there.
8 But you can go in and look at other people's
9 stuff, but just have a workspace for each
10 subgroup. So we'll structure that so that as we
11 define what those subgroups are going to look
12 like and who's going to be on them.

13 But I just wanted you all to know
14 this is happening, so look -- be sure to watch
15 in your mail. You'll get a thing in the mail
16 that you've been sponsored to go in, and you can
17 go in and register your stuff. Dr. Khan, you
18 want to give them a little information about how
19 that -- what that was like to do that?

20 DR. KHAN: Yes. So the simple steps,
21 it will give us a link to link to, and then
22 it'll take us to the portal of MAX. But there,

1 do not -- please, don't use your email address
2 as your user ID. That causes a problem. Those
3 of us who are not federal addresses, like a
4 Amil@ or whatever. It does not recognize --
5 like mine is jamil.net, so it won't take it.
6 The best way is just use your name. I call it
7 Ajskhan@ as a user ID. And then it allows you
8 to create your password and as of this morning,
9 the permissions are not yet to see those
10 documents --

11 MS. DICKSON: Right -- right.

12 DR. KHAN: -- in other words. So
13 once they allow us to see the documents, then we
14 can go to -- the main site is MAX and then we
15 have to look for COVER.

16 MS. DICKSON: COVER Commission,
17 right.

18 DR. KHAN: COVER Commission.

19 MS. HICKMAN: And you will start
20 finding all of the documents instead of -- like
21 it says, we're going to get, you know, paper
22 free. All of the documents that would have gone

1 in a binder will be on MAX, and they=ll start
2 getting loaded on there so you=ll the
3 capability. We=ll still pull them up for
4 briefings and stuff, but all of the read-aheads,
5 everything we=ll be able to load on MAX, and you
6 can get into it because it doesn=t require you
7 to have the VA logon to do that. So we=re
8 hoping that we=ll -- this will be a good
9 platform for you to have a place to kind a get a
10 little bit ahead of the game and start getting
11 stuff early.

12 DR. KHAN: So you=re going to get two
13 emails. You=ll get an email from Kris. We
14 connect on that and it will say, AYou=re
15 sponsored.@ Then MAX will send us an email and
16 through MAX email, we go in and put user ID in.

17 MS. DICKSON: Yes. I=ll let you know
18 when I=ve got it in so you know to be looking
19 for it. So you=ll hear from me first and --

20 MS. HICKMAN: And Kris is available
21 for one-on-one, group counseling, anything --

22 (Laughter.)

1 MS. DICKSON: Yes. We may all do
2 counseling but on -- but yes, and so I can set
3 that up, one-on-one, walk you through the
4 software, or we can offer some like little
5 virtual group sessions if you want to, you know,
6 maybe even two or three of you get on the same
7 time and talk about how you might want to use
8 the platform and strategize and all that.

9 And the more we get into the work,
10 you=ll have a better idea of what you might need
11 and we can see about getting it set up for you.
12 But right now, as Dr. Khan said, I loaded up
13 five documents on there but I haven=t given the
14 --

15 DR. KHAN: Permission --

16 MS. DICKSON: -- permissions for the
17 people to see those documents. And so I=ll be
18 working on it next week when we get back to --

19 MS. HICKMAN: And give us some
20 feedback on that, because MAX was very generous
21 with how they --

22 MS. DICKSON: Yes.

1 MS. HICKMAN: -- have allowed us to
2 use this. But give us some feedback so we know
3 if it=s working for you or, you know, what else
4 we need to go to MAX and ask.

5 MS. DICKSON: Yes. I=ve actually
6 identified another platform that if this doesn=t
7 work out, we=ve got another option. So -- but
8 this sounds really good. I believe it will be
9 okay but yes, feedback is important. And
10 they=ve been very responsive during the training
11 that they gave us -- so Laura Anna and I -- the
12 administrative -- the administrators for this
13 platform and they=ve been really great. So I
14 think it=ll be fine but we can do something
15 different if it doesn=t work out.

16 MS. McMAHON: I think one of the
17 other things to mention is you have to be
18 invited to get to the site, so it is supposed to
19 be a fairly secure site. So if you have a VA
20 email and then you have a personal one, we --
21 you got to let us know both of them. So if it=s
22 a VA, we already have an account or could get an

1 account, but if you want your personal email as
2 well, we can invite you to that, too.

3 MS. DICKSON: But this site is locked
4 down so until you get an invite in, nobody can
5 get in it. So it=s locked down.

6 MS. HICKMAN: Like Shira, I got an
7 invite in and then I just did a Secret Service -
8 - the SS logon. So --

9 MS. DICKSON: Okay, great.

10 MS. HICKMAN: Yes. It took my PIV,
11 just did -- yes --

12 MS. DICKSON: Oh, yes, it=s got PIV,
13 easy-peasy.

14 DR. MAGUEN: So it=s okay to use my
15 VA, there=s no issue with that?

16 MS. DICKSON: No.

17 MS. HICKMAN: Yes. Once you get her
18 note that says you can go in, and then when you
19 log in, it=ll give you that option for the PIV.
20 Then I went in that direction --

21 MS. DICKSON: Yes.

22 DR. MAGUEN: Okay.

1 MS. DICKSON: Really easy --

2 MS. HICKMAN: Yes.

3 DR. MAGUEN: Great.

4 MS. DICKSON: Unfortunately, I had a-

5 -

6 DR. JONAS: Do it all on this?

7 MS. DICKSON: I don=t know if you=ll
8 be able to actually do it on your phone or not.
9 You might be able to get in and look at it.
10 Whether you can actually functionally use the
11 platform on your -- from your phone, I don=t
12 know.

13 DR. KHAN: My suggestion is --

14 MS. DICKSON: That is a good
15 question.

16 DR. KHAN: -- my suggestion is from
17 security perspective, avoid that smartphone. No
18 matter how much you have security on it, that=s
19 broken in.

20 DR. JONAS: Huh? No, it has
21 security.

22 DR. KHAN: That is large security

1 issue so --

2 DR. JONAS: So this is --

3 DR. KHAN: Try to use a laptop. Try
4 to use a laptop with your own, you know,
5 security portfolio in it and then go to that
6 one, although that site is --

7 MS. HICKMAN: We also will not put
8 any information on MAX that is secure. So if
9 it=s something that is not supposed to leave VA,
10 we=re not going to put it up there unless we
11 have permission to put it up there. So you=ll
12 only have documents that clearly allow --
13 they=re public, so we=ll --

14 (Simultaneous speaking)

15 MS. McMAHON: Last thing for travel
16 is I only got six back, so whoever=s holding
17 out.

18 CHAIR LEINENKUGEL: Travel, six.

19 MS. McMAHON: Yes. I only have six
20 forms. I=m like, great, there=s only six of
21 them so --

22 CHAIR LEINENKUGEL: You=re going to

1 have to go to read names now --

2 MS. McMAHON: Oh, no.

3 (Laughter.)

4 DR. JONAS: The other thing, can my
5 assistant access this?

6 MS. McMAHON: Not unless I give her
7 permission.

8 DR. JONAS: But my assistant can do
9 the travel, you know, submit those --

10 MS. McMAHON: Yes.

11 DR. JONAS: -- receipts and all that
12 kind of stuff?

13 MS. McMAHON: That form that Kris had
14 sent out to all of you that had your preference,
15 whether you wanted to sit by an aisle or in the
16 middle or whatever on the plane and -- I used
17 that information and I can plug it all into CG.
18 It worked really, really great. I mean a lot of
19 you had captured what plane you wanted to be on
20 and what time, and I was able to find that in
21 CG. It worked really, really good. So I am
22 more than happy to work with you and get on the

1 phone, talk -- you know, pick a plane, whatever.
2 I mean if you want me to work with your
3 assistant on --

4 (Simultaneous speaking)

5 MS. HICKMAN: And I=ve got this --
6 your logistics person, Lacey (phonetic).

7 DR. JONAS: Yes, Lacey, right.

8 MS. McMAHON: Oh, okay.

9 MS. HICKMAN: I=ve got that. I can
10 send her -- I can send you her email.

11 (Simultaneous speaking.)

12 CHAIR LEINENKUGEL: Let me add one
13 point on a recent statement that I made,
14 backtrack a little bit, especially like Shira, I
15 would ask and hope, because I know that there
16 are government rates that are much less
17 expensive in some cases, especially if you do a
18 stopover, but I would expect at least from this
19 group that you give us the benefit of the doubt
20 for direct flights. And I go --

21 MS. DICKSON: Yes.

22 CHAIR LEINENKUGEL: -- on the record

1 for that because we're not getting compensated,
2 and it should be ease of access in that regard,
3 for cross-country in particular. If you're
4 going 200 or 300 miles, not so much. Well,
5 that's a great point so please -- I think that's
6 sort of been the parameters, isn't it Laura?

7 MS. DICKSON: Yes. Direct unless --

8 CHAIR LEINENKUGEL: Okay.

9 MS. DICKSON: And also, you know, we
10 know the dates fairly -- I mean so if we stick
11 with the dates that we've got set up, you know,
12 we can book those in time to give you a big
13 selection. Like anything else in Concur, if you
14 wait until the day before you're getting ready
15 to come here or even the week before, the
16 options that you have available to you are very
17 limited. The flights get booked up. So, you
18 know, if we can -- as soon as we get our ITT and
19 our SES approval and all of that lined up, we
20 can book the flights for you in advance.

21 MS. McMAHON: Yes. So I have two
22 more travel things. So with that being said on

1 the direct flight, just some people want to
2 leave after the meetings adjourn for next -- for
3 instance, for tomorrow, so we need to be mindful
4 that we stop on time so people can make their
5 flights, because there are some that may want to
6 leave at that time.

7 And the second thing that I have is -
8 -

9 CHAIR LEINENKUGEL: Well, wait, I
10 missed that. What were you saying -- was
11 somebody asking for permission to leave early?

12 MS. McMAHON: No, not permission,
13 just that we're mindful that we end on time.

14 CHAIR LEINENKUGEL: Got you.

15 MS. DICKSON: Because their flight
16 might be in two from the end --

17 CHAIR LEINENKUGEL: Absolutely.

18 MS. McMAHON: Just saying that start
19 and stop time should be --

20 CHAIR LEINENKUGEL: Absolutely. And
21 the other point to that is I don't think that we
22 need to be as restrictive as a group of

1 commissioners. If somebody can get out an hour
2 early, I have no issues with that as the
3 mediator, if their flight is going to be where
4 they need to leave the meeting an hour early,
5 get what I'm saying?

6 MS. DICKSON: Yes, sir, but I will
7 say from experience, you might be opening a door
8 that you want shut later.

9 CHAIR LEINENKUGEL: Well, you think
10 that=s six hours early, it=s going to come to
11 that?

12 MS. DICKSON: No -- no. What happens
13 is that an hour early, you have no one in the
14 room.

15 DR. KHAN: Except Jamil.

16 (Laughter.)

17 MS. DICKSON: I mean I've seen it
18 happen -- I've seen it happen. You also have to
19 realize that you have to have a quorum.

20 CHAIR LEINENKUGEL: I'll leave it to
21 you experts then.

22 MS. DICKSON: No. I mean you have to

1 have a quorum so that --

2 CHAIR LEINENKUGEL: Yes. I'll leave
3 it to what you've seen in the past.

4 (Simultaneous speaking.)

5 MS. McMAHON: The other person I
6 would like to introduce that also is going to
7 help us with travel from the Office of Patient-
8 Centered Care and Cultural Transformation is
9 Luis. So if you get messages from him and -- in
10 addition to me, I'm training to help me with
11 managing you guys and also the subcommittee
12 members, whoever that will be. And I think I'd
13 rattled on enough.

14 CHAIR LEINENKUGEL: Any question?

15 DR. MAGUEN: Can I ask a very quick
16 questions?

17 MS. McMAHON: Yes, please.

18 DR. MAGUEN: So is it better if I go
19 through you guys or through local people for
20 travel, like is it easier for you guys to make
21 it through you vice versa, just so I can figure
22 out for --

1 MS. McMAHON: Some facilities have
2 their own travel departments and demand that
3 they go through them.

4 DR. MAGUEN: Okay.

5 MS. McMAHON: It=s really what=s
6 easier for you. I=m happy to help in any way I
7 can but facilities sometimes just want the ITT
8 and SES and they want to do their own.

9 DR. MAGUEN: Got it. I=ll talk to
10 them. If they=re flexible, do you have a
11 preference, just so I can articulate that?

12 MS. McMAHON: Either way is fine.

13 DR. MAGUEN: Okay.

14 MS. McMAHON: Either way. I am
15 definitely here to help any way I can.

16 MR. ROSE: One other question, too,
17 with respect to the hotel. If we=re not leaving
18 early or trying to get out and we stay over and
19 go out the next day, that=s not an issue, right?

20 MS. McMAHON: Oh, right. So -- yes,
21 so travel is Monday. For instance, this week,
22 it=s Monday and Thursday.

1 MR. ROSE: Okay.

2 MS. McMAHON: But if you have
3 commitments on Thursday and you have to leave
4 Wednesday night, that=s approved as long as an
5 hour or --

6 (Laughter.)

7 CHAIR LEINENKUGEL: You can=t leave
8 until after the meeting --

9 (Laughter.)

10 MS. McMAHON: Any other questions?

11 DR. KHAN: One question. We know the
12 August dates are confirmed and we will be having
13 --

14 MS. HICKMAN: JW Marriott here in
15 D.C.

16 DR. KHAN: So what about September,
17 is there any --

18 MS. HICKMAN: So all the dates are in
19 the -- in there and you=ll see them in the
20 folder. And Jake is going to bring that up in -
21 -

22 CHAIR LEINENKUGEL: We=re going to

1 talk --

2 MS. HICKMAN: -- his later meeting.

3 DR. KHAN: Sure.

4 CHAIR LEINENKUGEL: We're going to
5 talk directly as a Commission about that, which
6 is really the flow of how we're going to work
7 together and what work are we going to have.

8 MS. HICKMAN: Yes.

9 CHAIR LEINENKUGEL: So I'm leaving
10 that to a lot of your expertise as well. I mean
11 I've got -- my end is probably totally different
12 and I talk about that at length.

13 MS. ENGILES: And the proposed dates
14 are all in your binder.

15 MS. DICKSON: I think they might be
16 the next to last tab.

17 CHAIR LEINENKUGEL: Thank you,
18 ladies. We really appreciate --

19 MS. DICKSON: Thank you.

20 (Applause.)

21 CHAIR LEINENKUGEL: We have -- you
22 heard Jeff allude to this. This is the homework

1 assignment so really, this is the review as to
2 exactly what our mission and quest is. And who
3 here has not read Tab F and everything that is
4 in Tab F, because very straightforward as --
5 again, I don=t want to sound like Captain
6 Obvious here, but this is the gist of the CARA
7 Act, defining what the COVER Commission is and
8 how we will go about doing our work. So I=m
9 looking for Tab F right now myself, because I
10 reviewed that. I got Exhibits, because it was
11 in a different binder, that=s why. Can=t wait
12 for MAX.

13 So the duties, I think that we could
14 spend hours talking about these and we
15 eventually will, because it=s really about what
16 are we going to do to find solutions, answers.
17 Do we need experts, do we need consultants, do
18 we need outside help, do we need the VA group to
19 be more proactive, are we going to query HHS and
20 other outside agencies and/or foundational
21 groups? And the answer to all of that is
22 probably yes, because there are a lot of things

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

211 of 1083

www.nealrgross.com

1 in here that after 18 months, I thought I would
2 have the answer to and I=m -- it=s a blank page,
3 really is.

4 And you heard me say in front of the
5 three VA leadership members that were here
6 today, I asked them -- we don=t know how many
7 veterans are truly being served. Somebody in VA
8 -- VHA does, somebody should have that number,
9 wouldn=t you think? But we=re going to have to
10 look by VISN, so we=re going to have to define
11 for the group what is a VISN, so we=ll hear
12 about VISNs at some point, how the VHA is broken
13 up into segments, how they=re led or not led in
14 specific cases. And we=re going to have to get
15 pretty granular with some of the questions that
16 we=re going to be asking them to provide. If we
17 can get to that point between the time we leave
18 here tomorrow at the end of day two, prior to
19 the August meeting, and that=s where we=ll talk
20 more about how we=re going to work together at
21 the end of, I think it=s, day two.

22 I just want to get everybody=s head

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

212 of 1083

1 ahead of where we need to directionally go
2 together, because I can look at the survey
3 alone. It talks about surveying veterans,
4 right? Now has anybody surveyed veterans?
5 There are a bunch of different folks in the VA
6 that I talk to that anecdotally have said, yes,
7 and at the same time, no. It=s to what degree.
8 Have other groups talked to veterans about their
9 mental health care? Yes. But is it documented,
10 is it sitting someplace?

11 So Sheila reminded me that there is a
12 Paper Reduction Act that will have an impact,
13 even though I would go battle that because it
14 says that you cannot start any survey or ask any
15 questions if it=s been asked by some other
16 group.

17 MS. HICKMAN: Right, with 10 or more
18 --

19 CHAIR LEINENKUGEL: Yes, that may
20 exist even though we may not know where it
21 exists. It=s up to us to find out. So I mean
22 that=s where I started looking at some of the

1 complexities into what I thought would be pretty
2 easy duties for us to segment out as a working
3 group. But the key, I think, is it=s really
4 about the efficacy of the VA itself. How is the
5 VA really impacting care for veterans in regards
6 to mental health? Is it happening across the
7 board? Is it consistent? What type of care is
8 being administered? And I think that Dr. Stone
9 was the one that said -- this morning he said in
10 most cases, it started out to be what we call
11 drug therapy, and it=s transitioned a lot from
12 that, especially over the last 10 years.

13 And we=re going to hear other people
14 come in today that will talk about some of the
15 new things that I think, as commissioners, we
16 should be asking, well, how fast is it being
17 implemented, when did it start, because you=re
18 going to be amazed. You=re going to hear the
19 answers probably to both of those questions
20 today.

21 But that=s what I expect us and how I
22 expect us to think and to start looking at some

1 of these duties as we go forward. I'm not going
2 to go down through each one of them specifically
3 at this point because you already have read
4 them. They will pop up, and they should,
5 individually. I would like each of us as
6 commissioners to take areas that are of real
7 interest to you at this point and say AI would
8 really like to get behind this.@ And
9 hopefully, we'll have enough of a blend in the
10 seven of us right now and to be eight,
11 hopefully, within a week where we can start
12 attacking these or segmenting them prior to the
13 August meeting, because folks, my hope is after
14 the August meeting, we start to have a real good
15 rhythm going, which is going to be the
16 subcommittees or subgroups going out and
17 actually exploring in depth with the partnership
18 of the DFOs or ADFOs and also with full open
19 door access by the VA/VHA and/or other agencies.

20 So I'm just trying to give you a
21 little broad stroke before we get into day two,
22 but I can personally tell you there are certain

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

215 of 1083

1 things here, you know, because of my attachment
2 with, namely, mental health and suicide that
3 there=s intersecting points to each one of
4 these. I=m still sort of on the fringe with my
5 friend Drew back there working on the Executive
6 Order and the suicide prevention.

7 So I mean there are certain things
8 here that I know where some of the trap doors
9 are because I=ve asked questions in the last 580
10 days, and I had some blank stares. I think the
11 blank stares are going to go away, and I think
12 this Commission is set up to do that. It was
13 very interesting, if you were listening, to Dr.
14 Stone. You know, he was basically saying he
15 expects that from us. So I can=t think of a
16 more golden opportunity for us really to probe
17 and see how long it takes for some answers to
18 come back.

19 One thing with VHA has always been
20 that they are the slowest to react to any query
21 or response. And that=s been my 560-day when I
22 -- it=s not just me but when they=re tasked with

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

216 of 1083

1 anything, whether it was the former Secretary
2 Shulkin, it would drive him crazy that instead
3 of getting a response within 24 hours like he
4 asked, I can tell you it would be a week and
5 nobody was held accountable.

6 So I know I'm preaching a little bit,
7 but I'm just giving you my perspective that this
8 18-month period I thought was plenty of time.
9 It's not going to be, not for the substance that
10 we're going to have to put together with strong
11 recommendations. And it also doesn't mean that
12 we can't make recommendations prior to the final
13 report. That's what I want all of us to think
14 about. What are some of the things that we may
15 stumble upon? We may hear one today, that we
16 should have a sense of immediacy from a
17 recommendation standpoint coming out of this
18 Commission. In other words, another old boss of
19 mine always used to say -- another comment was,
20 AWe're sitting on a ham sandwich and we're
21 starving to death.@ In other words, a solution
22 or a great idea is underneath us yet nobody's

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

217 of 1083

1 executing it in a broad sense.

2 I think it was you, Jack, that
3 brought up about pilots. The VA has more pilots
4 going on right now than the Air Force and Army
5 combined. So I take that as I get you 100
6 percent, but we need to probe what types of
7 pilots are going on, how many do you have --

8 MR. ROSE: Are they working?

9 CHAIR LEINENKUGEL: -- and are they
10 working, yes. Well, are they set up right? I
11 mean again, we have the right group of people,
12 looking at your backgrounds, to ask those
13 questions, and we're going to have enough clout
14 from this COVER Commission that actually links
15 back to a President and the current
16 Administration that wants to see action and
17 doesn't want to sit on that ham sandwich and
18 have people starve to death.

19 So I mean those are my general
20 comments about what COVER really means, the
21 expedited recovery for veterans in the mental
22 health space. So again, I don't know if anybody

1 else has -- I would hope you all have something
2 else to add, but I really want to raise the what
3 is the big hot burning issue that you would like
4 to really fully submerge yourself in, and then
5 what are the other two and three areas, because
6 I would like to sort of divide the work amongst
7 the smart -- not only smart use of time but
8 smart use of intelligence here on this
9 Commission to work with the DFOs and to get out
10 into the right places with the right
11 connections.

12 Agencies are another thing that I
13 would ask the advisor on the White House side,
14 who would be Drew, at some point in time,
15 probably by August, to make sure that we are
16 getting a complete path to open access to
17 agencies that might be rebuffing or might
18 incline to rebuff anything that we bring back to
19 them for assistance, help, or --

20 (Off-microphone comments.)

21 CHAIR LEINENKUGEL: It=s not going to
22 happen is what you just said, right? Drew will

1 make it happen. Jamil?

2 DR. KHAN: Sir, do we have a map of
3 the VA with the VISNs given?

4 MS. HICKMAN: We do.

5 CHAIR LEINENKUGEL: Great question.

6 MS. HICKMAN: Actually, it=s in your
7 binder. There=s not only a map but there is a
8 list of all of the VISNs --

9 DR. KHAN: I was looking --

10 MS. HICKMAN: -- and the Medical
11 Centers that are underneath --

12 DR. KHAN: -- I was looking for it.

13 MS. HICKMAN: -- those. That is Tab
14 K? J? I think it=s K.

15 MS. ENGILES: It=s under O.

16 MS. HICKMAN: So there=s a map that=s
17 geographically listed and then there is --
18 behind that there is also a spreadsheet that
19 lists every one of them that includes what are
20 the flagship sites and other items of interest
21 in here, and we=ll update that as we get more
22 information. And then there=s also the VHA

1 leadership in there so that we can know who is
2 given what positions as we start going out
3 there.

4 If there=s anything else that you
5 think you need out of there, then just let us
6 know because we can try to pull that in from 30
7 contacts.

8 CHAIR LEINENKUGEL: Anything else?

9 (No response.)

10 CHAIR LEINENKUGEL: I=m just trying
11 to get to lunch.

12 (Laughter.)

13 CHAIR LEINENKUGEL: Yes, Drew.

14 (Off-microphone comment.)

15 CHAIR LEINENKUGEL: Thanks. You
16 know, part of this, you brought up a good point,
17 Drew. We don=t think about the private sector
18 as much as we just look with what=s available
19 within the government, right? And what Drew
20 just alluded to is that there=s a lot of work
21 that Arizona -- that=s his familiarity because
22 that=s his home state, but I was most impressed

1 about nine months ago, I think it was, Drew,
2 when I was invited down to take a look at their
3 suicide prevention program that Arizona started.
4 It=s called Be Connected, right? Absolutely
5 phenomenal, but it=s taken them nine years with
6 -- you know, the key that I found is that it has
7 great leadership, great focus, involved, and
8 they have the state, county, private sectors
9 fully involved. So as Drew mentioned earlier,
10 they=re getting a model set and I think that=ll
11 become bigger in the EO, but it also is going to
12 intersect and blend with what we=re going to be
13 talking about.

14 We can=t forget what=s available or
15 should be available in the private, because a
16 big part of this, if you read it like we all
17 did, is there are 14 million veterans not
18 receiving VA care. How many of those 14 million
19 veterans have mental health issues? I don=t
20 know. We=re supposed to find out. So that=s a
21 big ask. And then we=re supposed to also survey
22 them. How do we do that? That=s my biggest

1 thing up in my head right now that I am
2 wrestling with, that we're all going to have to
3 come and get a solution, look for a group that
4 does that. Is there a group that does that? I
5 don't know, but I think it's incumbent on us to
6 look at every avenue to try to seek out and
7 find, and I say that because Drew and I have
8 talked about the VA and DoD still have a heck of
9 a hard time communicating a few miles away. And
10 the records between both of us at this point, I
11 mean it's being fixed right now but that fix may
12 take years. So I mean I think the toughest task
13 for me, personally, when I read all of this was
14 surveying. And that was a big, big ask of the
15 CARA Act legislation for this COVER.

16 And I don't think that we realize the
17 complexity of this, and maybe I'm wrong. Maybe
18 there's going to be an easier solution, but
19 we're going to have to ask some of the right
20 folks. We're going to have to ask our partners
21 through CIGNA, certainly got Matt here as well
22 from the Bush Foundation. But the private

1 sector, 14 million veterans, I don=t even know
2 if we have access to all of their addresses and
3 their whereabouts.

4 MR. TROJANOWSKI: I certainly --

5 CHAIR LEINENKUGEL: Fran is going
6 Ano. @

7 MR. TROJANOWSKI: Before we go, let
8 me start this scenario. Solving that was a
9 challenge that we had and I sat through a
10 briefing and I had four agencies give a
11 different number for the veteran population in
12 that state, from VA to DOL to DoD all give me a
13 different number, and then the state gave me a
14 number as well. Okay. Well, how many do we
15 have? Where are they at? How do we
16 geographically find them? These are pretty
17 simple questions, should be easy to answer, and
18 it isn=t because once you leave the federal
19 address of DoD, you kind of run off that cliff
20 like the Looney Tunes character, and there=s
21 nothing else below you. So you don=t show up
22 until you=re in a crisis again. So how do we

1 find you before you get to that?

2 COL. AMIDON: So we conducted a
3 survey 2-1/2 years ago. We reached 3,000
4 people, 1,000 each in the U.S. and Canada and
5 the UK and 750-plus mentally ill vets in the
6 U.S. And I only say that it took nine months
7 because we wanted a complete unbiased sample,
8 and it was randomized from the survey. And so
9 we had to do that nationwide and we got a very
10 good sample.

11 My only question would be there are
12 other government mechanisms that reach a broad
13 population with survey instruments, one of those
14 being the Millennium Cohort Study, and I'm
15 wondering -- just there are others out there,
16 right, who have databases of where people are
17 and what their status is. So do we have the
18 latitudes to leverage those mechanisms without
19 having to invent our own? They're out there.

20 DR. BEEMAN: They are. I'd just
21 comment, one, I'm glad we're looking at the
22 private sector because I know the center of all

1 innovation isn't government, but sometimes in
2 the private sector, we do okay, too.

3 We've been asking every one of our
4 patients, through our electronic health record -
5 - we use Epic -- if you've served in the
6 military and if so, when and where. And we've
7 collected data for a number of years and that
8 helps our primary care physicians and our
9 specialists treat these patients, because they
10 bring all sorts of unique, from a physical and
11 mental health problems. So there are lots of
12 groups out there, and I bet you even tapped into
13 the Epic database and you ask, we would get
14 enough survey information that we would be able
15 to say you could extrapolate, you know, what's
16 happening out there.

17 And the other thing I wanted to
18 mention is it takes 17 years, they say, for
19 medical knowledge to get fully sort of
20 throughout the system. I have a couple of
21 physicians who may say it's longer. Bottom line
22 on that is there's a lot of good work. I looked

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

226 of 1083

www.nealrgross.com

1 at the list of alternative therapies. There=s
2 enough data out there from places like where I
3 worked and many of you that would suggest to us
4 this stuff is working. And I think what you
5 said earlier, I don=t think we should rush to
6 conclusions. On the other hand, we have really
7 good data that suggests that certain therapies
8 are working. We could help document that and
9 let them do some early adoption in that so we
10 can get -- there are two things. There=s the
11 early -- there=s the adoption of those
12 therapies, and then there=s putting that in a
13 mechanism where it can be fully deployed, not
14 only through the VA, throughout the country. I
15 think that piece takes a lot longer. But I
16 think there is some early adoption stuff. Art
17 therapy, all sorts of stuff that=s been employed
18 that=s working, and we should look at that. We
19 should look at that sooner than later and
20 recommend it.

21 DR. KHAN: So one place where you can
22 locate the records are at the county level,

1 county record service officers. Those are the
2 veterans who are either seeking their benefits
3 or when they come out of the military service,
4 they=re advised to take their discharge, DD214,
5 and register it with the registrar. So that=s
6 one place where the data is available.

7 CHAIR LEINENKUGEL: I would agree. I
8 just did that last week for a veteran and it
9 wasn=t that I knew that. I was told by a person
10 like you to call Dakota County in Minnesota, and
11 that person actually picked her phone up, got
12 the information and called the veteran back the
13 same day. So yes, you=re right. I think that
14 Arizona, again, Jamil, connecting well not only
15 with the state, but they got granular to the
16 county and the tribal level as well, Drew?

17 MR. TROJANOWSKI: Yes.

18 CHAIR LEINENKUGEL: Yes. And so
19 again, it took them what, nine years, but that=s
20 before they got full private partnership
21 involved, too. So I think -- yes, I think
22 that=s helpful and I think if we can get to 80

1 percent -- I'm an 80 percent person and maybe
2 this Commission's going to require 100 percent,
3 but 80 percent is usually good enough. I call
4 it within hand grenade throw of catching some
5 shrapnel. So if we can get to 80 percent, I
6 think we're at least pulling, because a lot of
7 this is going to be really hard to fully get to
8 100 percent, survey being one. So if we can get
9 a good sample and prove that that sampling is
10 good, I think that's good.

11 DR. MAGUEN: I had another thought
12 for the survey. I know that the DMDC lists are
13 not always up to date, but we found that --
14 Defense Manpower Data Center lists are not
15 always up to date, but we have found that it's a
16 great starting point, so we use that to get in
17 touch. Actually, with veterans, a lot of the
18 veterans we've reached were not in the VA
19 system, and we'll bring them in for particular
20 issues like how they sleep or that sort of
21 thing. And we've reached a large number of
22 people who are in the area but not enrolled in

1 the VA. So that=s one thought.

2 And then another thought, I know that
3 the VA Office -- the epidemiology group there is
4 also doing a survey of post-911 veterans, too,
5 and I know that they get their lists from VA and
6 other sources, so they might be a good group,
7 too, to connect with.

8 CHAIR LEINENKUGEL: That=s great.
9 Again, we=re starting to brainstorm some of the
10 bigger things that we=ll get to on day two.
11 Jack, do you have another --

12 MR. ROSE: Yes. One other thing,
13 too, is the county level. I think now here
14 recently, as people are brought into jail,
15 they=re starting to ask the question, Aare you a
16 veteran,@ now. And that=s another source
17 because they may have fallen off the face, too,
18 but they got picked up and so now -- and many of
19 these folks have substance abuse issues but
20 they=re starting to track them, too.

21 DR. KHAN: And they=re going to
22 veteran=s treatment court and the treatment

1 courts are keeping --

2 CHAIR LEINENKUGEL: That=s right.

3 (Off-microphone comments.)

4 CHAIR LEINENKUGEL: Thanks, Drew. And
5 this was a great first morning, opening session
6 of the COVER Commission with a quorum. So with
7 that being said, I would like us to break for a
8 15-minute lunch and be back by 1:05, and we=ll
9 start with presentations. We=re going to have
10 some really good things happening this
11 afternoon. That=ll give you a good overview of
12 what=s happening in the VA from a couple of
13 different perspectives.

14 (Whereupon, the above-entitled matter
15 went off the record at 12:12 p.m.)

1
2

X

Thomas (Jake) Leinenkuigel
Chairman, COVER Commission

219

Comment [DK{}]: Signature block
is here.

(202) 234-4433

NEAL R. GROSS
COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

www.nealrgross.com

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

+ + + + +

CREATING OPTIONS FOR VETERANS'
EXPEDITED RECOVERY (COVER) COMMISSION

+ + + + +

OPEN SESSION

+ + + + +

TUESDAY
JULY 24, 2018

+ + + + +

The Commission met in the South American A/B Room of the Capital Hilton, 1001 16th Street, Washington, D.C., at 1:15 p.m., Jake Leinenkugel, Chair, presiding.

PRESENT

JAKE LEINENKUGEL, Chair; Senior White House Advisor, Veterans Administration
 THOMAS E. BEEMAN, Ph.D., Rear Admiral, U.S. Navy
 (Ret), Co-Chair; Executive in Residence, The University of Pennsylvania Health System
 COLONEL MATTHEW F. AMIDON, USMCR, Director, Military Service Initiative, George W. Bush Institute
 WAYNE JONAS, M.D., Executive Director, Samueli Integrative Health Programs
 JAMIL S. KHAN, U.S. Marine Corps (Ret)
 SHIRA MAGUEN, Ph.D., Mental Health Director of the OEF/OIF Integrated Care Clinic, San Francisco VA Medical Center
 JOHN M. ROSE, Captain, U.S. Navy (Ret), Board Member, National Alliance on Mental

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
 1323 RHODE ISLAND AVE., N.W.
 WASHINGTON, D.C. 20005-3701

233 of 1083

Illness

ALSO PRESENT

SHEILA HICKMAN, Designated Federal Official
 SHANNON BEATTIE, MPH, Senior Project Analyst,
 Sigma Health Consulting, LLC
 LUIS CARRILLO, VHA Administrative Support
 FERNANDA CARRION, Junior Project Analyst, Sigma
 Health Consulting, LLC
 ALICIA CARRIQUIRY, Ph.D., National Academy of
 Medicine; Iowa State University
 YESSENIA CASTILLO, Senior Consultant, Sigma
 Health Consulting, LLC
 KRISTIANN DICKSON, VA Support Team Project
 Manager; Alternate DFO
 BETH ENIGLES, Senior Manager, Sigma Health
 Consulting, LLC
 TRACY GAUDET, M.D., Executive Director,
 National
 Office of Patient Centered Care and
 Cultural Transformation, Veterans Health
 Administration
 LAURA McMAHON, Contracting Officer
 Representative; Alternate DFO
 FRANCES MURPHY, M.D., MPH, President and CEO,
 Sigma Health Consulting, LLC
 STACEY POLLACK, Ph.D., Alternate DFO
 KAVITHA P. REDDY, M.D., Emergency
 Medicine/Integrative Medicine Whole Health
 System Clinical Director, VA STL
 HealthCare System
 BETH TAYLOR, DHA, RN, NEA-BC, Deputy ADUSH for
 Clinical Operations, Veterans Health
 Administration
 WENDY TENHULA, Ph.D., Director of Innovation
 and
 Collaboration, Office of Mental Health and
 Suicide Prevention, U.S. Department of
 Veterans Affairs
 DREW TROJANOWSKI, Special Assistant to the
 President for Domestic Policy
 ALISON WHITEHEAD, Alternate DFO

CONTENTS

Opening Remarks	4
Overview of VHA Healthcare Services7 and Broad Overview of Mental Health Services in VA	
Overview of VA Whole Health System84 and Complementary and Integrative Health (CIH)	
Presentation on the National Academy149 of Medicine Study: Evaluation of VA Mental Health Services (2018)	
Adjourn	192

P-R-O-C-E-E-D-I-N-G-S

1:17 p.m.

MS. HICKMAN: Good afternoon. My name is Sheila Hickman. Again, I'm serving as the Designated Federal Officer for this meeting today. This is day one of the first meeting of Creating Options for Veterans' Expedited Recovery Commission, or COVER.

The COVER Commission was established as required by Section 931 of the Comprehensive Addiction and Recovery Act of 2016, Public Law 114-198, and operated under the provisions of the Federal Advisory Committee Act, as amended by 5 USC Appendix 2.

Public notice of this meeting was given in The Federal Register on July 15th, 2018. This session from 12:00 to 4:45 is open to the public.

Please note that we have three sign-in sheets, one for members of the public in attendance at this meeting and another for those who wish to make public comment at this

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

237 of 1083

1 meeting, and one for participants on the phone.
2 For those on the phone, we will take this
3 information at the scheduled breaks as needed,
4 as people may dial in during the course of the
5 meeting.

6 In addition to speaking during the
7 public comment period, members of the public
8 may also submit written comments.

9 This meeting will be chaired by Mr.
10 Thomas Jake Leinenkugel.

11 While in session and during the
12 meeting of this Committee, members of the
13 public are asked not to make comments during
14 the briefings or during commissioner
15 discussions. Questions and comments from the
16 public must be made during the public comment
17 period.

18 Minutes of this meeting are being
19 taken, and anything said during the meeting or
20 submitted in writing before, during, or
21 immediately after the meeting will be available
22 to the public. This meeting is on the record.

1 In closing, to summarize, public
2 notice for this meeting was published in The
3 Federal Register. A DFO is present. A quorum
4 of the COVER is present and in person. An
5 approved agenda for the meeting has been
6 established, and the meeting will adhere to
7 this agenda.

8 Anything said during the meeting is
9 on the record. During the break, I will ask
10 individuals on the phone to record their names.

11 Before this meeting begins, does
12 anyone have any questions about what I have
13 just said?

14 These preliminary statements now
15 concluded, I now invite the COVER chair, Jake
16 Leinenkugel, to call the meeting to order.

17 CHAIR LEINENKUGEL: This first
18 session of the COVER public meeting is now in
19 order.

20 And with that, I would like to
21 invite Dr. Taylor to join us today. Let me
22 give you a brief background on Dr. Beth Taylor.

1 She joined the Department of Veterans Affairs
2 in 1996 as an Associate Director for Patient
3 Care Services and Nurses Executive in Saginaw,
4 Michigan. She continued to serve in this
5 executive role in several VA facilities as well
6 as several special-focus detail assignments.
7 In 2013, Dr. Taylor assumed the role of
8 Director, Workforce and Leadership, for the VHA
9 Office of Nursing Services, and became the
10 Deputy Assistant Deputy Under Secretary for
11 Clinical Operations on April 2nd, 2018.

12 Dr. Taylor received a bachelor of
13 science in nursing from Indiana University, a
14 master in business administration from Saginaw
15 Valley State University, and a doctor of health
16 administration from Central Michigan
17 University. In addition, she holds a graduate
18 certificate in international health from
19 Central Michigan University and is Board-
20 certified as a nurse executive advanced. She
21 is a longstanding member of the American
22 Organization of Nurse Executives and Sigma

1 Theta Tau International.

2 So, let's welcome Dr. Beth Taylor.

3 (Applause.)

4 DR. TAYLOR: Thank you very much.
5 My charge this afternoon was in a short period
6 of time to give a 50,000-foot view of VHA, and
7 I would propose that it's going to be more like
8 a 100,000-foot view of VHA, given the breadth
9 and scope of our agency and the number of great
10 programs that we have for our veterans. So, in
11 this short period of time, I'll give you a
12 little history and give you a little bit of
13 background of some of our core and foundational
14 services, some of the priorities that we have
15 as a Department, and some of our foci as VHA.

16 Before I get into discussing the top
17 five priorities for the agency, it's important
18 to recognize that the agency consists of three
19 different Administrations: Veterans Benefits
20 Administration, Veterans Cemetery, our National
21 Cemeteries, and, of course, the largest,
22 Veterans Health Administration.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

241 of 1083

www.nealrgross.com

1 Veterans Benefits, as the name
2 implies, is to identify the eligibility for any
3 veterans relating anywhere from healthcare to
4 home loans, unemployment benefits, and the
5 like.

6 Veterans Cemetery Administration
7 dates back to 1862. In the middle of the Civil
8 War, President Lincoln determined that we
9 needed to dedicate some ground to the men who
10 had been casualties of the war at that time.
11 We started out with seven cemeteries, seven
12 National Cemeteries for our Civil War soldiers.
13 Today we have 136 cemeteries and greater than 4
14 million Americans are currently buried in our
15 National Cemeteries.

16 VHA's roots also go back to the
17 Civil War. In President Lincoln's second
18 inaugural address in early March of 1865, he
19 spoke very strongly about the need and
20 responsibility to ensure that we take care of
21 our Civil War soldiers. To that end, President
22 Lincoln signed into law to establish a National

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

242 of 1083

1 Soldiers' and Sailors' Home. The first home
2 was in Augusta, Maine, and it was for the Union
3 troops.

4 Also, in that inaugural address in
5 1865, he challenged us "to care for him who
6 shall have borne the battle and for his widow,
7 and his orphan". In 1959, those words became
8 VA's motto.

9 In 1988, President Reagan made VA a
10 Cabinet-level Department, and today VHA
11 operates one of the largest healthcare systems
12 in the world.

13 In terms of our agency-level
14 priorities, you see five before you, the first
15 of which is to provide greater choice to our
16 veterans for their healthcare. VHA and VA is
17 committed to ensuring that our veterans partner
18 with us as they make decisions for their
19 healthcare and those decisions that work best
20 for them and for their families.

21 A couple of recent Acts over the
22 last four years has assisted us in the funding

1 of identifying non-VA providers to assist us in
2 providing those choices in care. In 2014, the
3 VA Choice and Accountability Act, VACA, or the
4 Choice Act, was signed into law. That provided
5 funding focused on improving access to care for
6 non-VA providers. In 2018, the VA Mission Act
7 expanded funding for private healthcare options
8 in such areas as caregiver support and the
9 Medical Foster Home. And President Trump
10 signed that into law on June 6th of this year.

11 Modernizing our systems is our
12 second priority. We believe that veterans and
13 the VA employee needs technological systems to
14 help us deliver high-quality care and that we
15 need to stay on top of technological advances.
16 The electronic health record is the cornerstone
17 of VA's modernization efforts. Some of our
18 core goals under modernization include: to
19 stabilize and streamline our core processes and
20 our IT platforms. We want to eliminate our
21 material weaknesses, focusing on cybersecurity
22 and risk management. We want to introduce new

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

244 of 1083

1 capabilities that drive improved outcomes, such
2 as community care, My HealtheVet, electronic
3 scheduling, and electronic benefits delivery.

4 And as part of VA's commitment to
5 put resources and services and all technologies
6 available to reduce veterans' suicide, VA has
7 recently launched an innovative program called
8 REACH VET. Recent research, as you will hear
9 much more about this afternoon and in other
10 presentations, recent research suggests that 20
11 veterans die each day by suicide and veterans
12 are at a greater risk of suicide than the
13 general public, although not all veterans are
14 involved in VA care.

15 Using a predictive model, which
16 REACH VET is, we analyze existing data from
17 veterans' health records to identify those at
18 statistically-elevated risk for suicide,
19 hospitalization, illness, or other adverse
20 outcomes. This predictive modeling allows VA
21 to provide preemptive care and support veterans
22 even before they get into acute crises.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

245 of 1083

www.nealrgross.com

1 Our third priority in VA is to focus
2 resources more efficiently. We believe it's
3 essential that veterans and our taxpayers know
4 that we are focusing and have confidence in our
5 focus on resources to ensure that we have the
6 best value for our veterans and that our
7 veterans receive the care that they need; that
8 they receive quality care; that they receive
9 timely care, and at the point of care that is
10 most effective for them. To that end, we've
11 identified core and foundational services,
12 those things that we do very well, that we're
13 best in class in, and those services that are
14 absolutely fundamental to any healthcare
15 system.

16 Timeliness of services. We believe
17 that some veterans are still waiting too long
18 for care or services, but we track that every
19 month and we track that very closely in terms
20 of our access. For as an example, in February,
21 96 percent of appointments occurred within 30
22 days of the clinically-indicated date or the

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

246 of 1083

1 veteran's preferred date; 84.9 percent were
2 completed within seven days, and 21 percent
3 were completed within the same day.

4 In a 12-month period this past year,
5 VHA and the Choice contractors created over 3.7
6 million authorizations for veterans to receive
7 care in the private sector. So, we believe
8 that timeliness of services is not only the
9 services that we provide within our healthcare
10 system, but as we partner with the private
11 sector and other private sector agencies, and
12 our community partners.

13 Finally, preventing suicide is our
14 topic clinical priority for VA. I said
15 earlier, and you'll hear much more about this
16 this afternoon, 20 veterans die by suicide each
17 day, and, to us, this is unacceptable. Suicide
18 prevention is our highest clinical priority,
19 and we believe it's a national health crisis,
20 that we need to partner with our government and
21 private partnerships to ensure that we create a
22 web and a net that supports veterans and others

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

247 of 1083

www.nealrgross.com

1 in their time of crisis.

2 Moving on to VHA, our mission is to
3 honor America's veterans by providing
4 exceptional healthcare that improves their
5 health and well-being. We do have four
6 statutory missions. Obviously, healthcare is
7 our primary mission, but I want to touch on the
8 three others.

9 Education and training is a
10 significant mission that VA has participated in
11 for quite some time. It is our responsibility
12 to focus on preparing the next generation of
13 healthcare professionals to ensure that we have
14 a trained and ever-ready group of clinicians
15 that can provide healthcare not only to our
16 veterans, but to our nation. This mission is
17 accomplished through our coordinated efforts
18 with affiliated academic institutions all
19 across the country.

20 For fiscal year 2017, just to give
21 you a few statistics, as evidence of our
22 dedication to this mission, we trained over 800

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

248 of 1083

www.nealrgross.com

1 dental residents and students just in fiscal
2 year 2017, over 43,000 physician residents,
3 25,000 medical residents, 27,000 nursing
4 students, and, in total, nearly 123,000 health
5 professional trainees, including physical
6 therapists, social work, respiratory
7 therapists, registered dietitians, and some
8 healthcare administrator trainees as well.

9 Our third statutory mission is
10 research. VA has a very long and rich history
11 of its contributions to healthcare and the
12 healthcare industry. A few examples of VA's
13 contributions to healthcare include: the first
14 decisive trials for effective treatments of
15 tuberculosis; the demonstration of the
16 lifesaving value of treatment of hypertension;
17 the development of the concept of CT scanning;
18 the discovery and development of
19 radioimmunoassay facilitating measurements of
20 previously impossible precision; cooperative
21 studies proving the efficacy of psychoactive
22 drugs in stabilizing psychiatric disorders; the

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

249 of 1083

1 demonstration of the relationship between
2 smoking and lung cancer, leading to the initial
3 warnings and the report of the Surgeon General
4 on smoking; development of a practical
5 implantable cardiac pacemaker; development of
6 the LUKE/DEKA advanced prosthetic arm and the
7 powered ankle/foot prostheses; the development
8 of the nicotine patch; the work on liver
9 transplantation, and Dr. DeBakey's work on
10 cardiovascular surgery, just to name a few.

11 Our final mission is that of
12 emergency management. The Office of Emergency
13 Management is the program office for the VHA
14 that provides a comprehensive emergency
15 management program. In an emergency or
16 national disaster, this office coordinates
17 essential VA emergency medical responses and
18 support services at the local, regional, and
19 national levels to ensure the health and safety
20 not only of our veterans, but of our
21 communities.

22 The VA staff participate in

1 facility, community, and regional disaster
2 preparation drills, and hundreds of VA staff
3 have been deployed to disaster areas to assist
4 with providing care to individuals, both
5 veterans and community members.

6 This map is a depiction of our 18
7 Regions. You can see how we're divided across
8 the country and how we organize our care by
9 Regions. We start with Maine and Puerto Rico
10 to the east, and we stretch all the way to
11 Hawaii, the Philippines, Guam, and American
12 Samoa in the west. So, quite a huge geography
13 that we cover.

14 This is an overview of the VA sites
15 of care. We do have 171 medical centers, but
16 we also have extended care and VA Community
17 Living Centers, or CLCs. These programs
18 provide not only nursing home care, but also
19 provide specialty services such as rehab,
20 hospice, palliative care, and geropsych care.

21 We have Health Care Centers, Multi-
22 Specialty Community-Based Outpatient Clinics,

1 or CBOCs as we call them, Primary Care
2 Community-Based Outpatient Clinics, or CBOCs,
3 Vet Centers, and Mobile Vet Centers. So, all
4 in all, there's 1700 points of contact across
5 the nation for our veterans to connect with VA
6 and to connect for care.

7 As you may be sensing, we're moving
8 from a hospital-centric system, where we expect
9 the veterans to come to the hospital for care
10 and the hospital clinics for care, to a
11 healthcare system that is actually very
12 veteran-facing. We want to be in the
13 communities. We have to have technologies that
14 connect with veterans where they are, so they
15 can receive the healthcare that's most
16 convenient to them, that's closest to them, and
17 that will meet their needs.

18 A few vital statistics for VHA. And
19 again, this is for fiscal year 2017. We have
20 9.12 million enrollees, almost 6.3 million
21 unique veterans. So, you'll notice that not
22 everyone who enrolls in VHA care actually is a

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

252 of 1083